

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	NO.	DEF.	NO.	DEF.	NO.	DEF.	NO.	DEF.	NO.
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TOTAL NO.	2								
TOTAL DEF.	4								
TOTAL									

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
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